



Room Reservations Request Form

Care of Facility: The club is responsible for room cleanup and any damages occurring as a result of facility use. If assigned a classroom, please return the room to its original arrangement.

I have read the above policies and procedures and agree to abide by them in representation of the Student Club named below.

Club Name: _____

Officer Name: _____ Signature: _____ Date: _____

Contact Number: _____ Email Address: _____

Advisor Name: _____ Signature: _____ Date: _____

Contact Number: _____ Email Address: _____

Purpose for reservation: _____

List any audio/visual needs: (ex. microphone, computer projection, etc.) _____

List any setup needs: (ex. Setup for tables, chairs, etc.) _____

List your preferred room type (classrooms, conference rooms, pit, courtyard, etc.):

1) _____ 2) _____ 3) _____

<i>Day of the Week</i> <small>ex. Monday</small>	<i>Month</i> <small>ex. September</small>	<i>Day</i> <small>ex. 15th</small>	<i>Expected attendance</i>	<i>Reservation Start Time</i>	<i>Reservation End Time</i>

Questions or concerns:
Call us at 972.860.7199 or email us at 4OSER@dccd.edu

